

Abstract 660

TITLE: Declines in AIDS-related Mortality and Factors Associated with Recent AIDS Deaths in Seattle-King County, Washington

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BACKGROUND/OBJECTIVES: The introduction of highly effective combination therapies, the effectiveness of prophylactic treatment for opportunistic infections (OI) and efforts to prevent HIV infection have been associated with a marked decline in AIDS incidence and in the number of AIDS-related deaths. Despite these decreases in incidence and mortality, deaths are still occurring. We evaluated local population-based surveillance data to determine the relative decline in mortality rates among persons with AIDS from 1982 through 1998 contrasting groups defined by race/ethnicity, sex, age, and mode of exposure. Medical record review was undertaken to describe the correlates and causes of AIDS-related deaths in this era of highly active antiretroviral therapy (HAART). The effects of barriers to early HIV diagnosis and care will be assessed and reported.

METHODS: AIDS surveillance data were used to calculate the number of person years of risk for each AIDS case and were summed by year. Starting in 1982, the number of AIDS deaths per person year of follow up at the time of death was used to calculate AIDS-specific mortality rates for each year of the epidemic. AIDS case report data on the mode of exposure, age at diagnosis, race/ethnicity and gender were used to compare trends in mortality over time. Medical records for deaths occurring in 1997 and 1998 and a comparison group of persons living with AIDS were abstracted for information on OIs, treatment, prophylaxis, and treatment failure to elucidate factors associated with recent deaths.

RESULTS: There was a dramatic decline in deaths among King County AIDS patients between 1987 and 1998. Death rates decreased 94%, from 58.8 deaths per every 100 persons with AIDS in 1987 to 3.6 deaths per 100 persons with AIDS in 1998. The absolute number of deaths declined as well with only 78 deaths reported in 1998 as compared to an average of 435 deaths per year from 1993 to 1995, 280 deaths in 1996, and 102 in 1997. No significant demographic differences between persons with AIDS who died in 1998 and those who were alive as of 12/31/98 were seen. Declines in deaths were not limited to any particular gender, race, or HIV risk category. Data from medical record abstraction will be explored in further analyses.

CONCLUSION: The estimated number of persons living with AIDS in King County continues to increase as a result of fewer deaths and despite a reduction, since 1995, in the incidence of new AIDS diagnoses. It is believed that HAART has played a major role in the declining number of deaths seen. In addition, the use of viral load monitoring to guide treatment and improved OI prophylaxis may also be factors in reduced mortality.

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